

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

ADDRESS (number and street) ▼

555 Capitol Mall, Suite 1425

☐ Check if different than previously reported. (ACC)

Sacramento

CA

95814

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00556860

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

☐ July 31 Mid-Year Report (Non-election Year Only) (MY)

☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

11

04

2014

in the State of

CA

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the State of

5. Covering Period

10

01

2014

through

10

15

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kathleen Cogan

Signature of Treasurer

Kathleen Cogan

[Electronically Filed]

Date

12

02

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y Y 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		105901.09
(b) Cash on Hand at Beginning of Reporting Period.....	166609.94	
(c) Total Receipts (from Line 19)	0.00	408487.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	166609.94	514388.57
7. Total Disbursements (from Line 31)	141831.79	383709.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24778.15	24778.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	32892.68	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

225680.00

(ii) Unitemized

0.00

435.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

226115.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

162186.09

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

0.00

388301.09

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

20186.39

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

0.00

408487.48

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

0.00

408487.48

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	40423.97	213719.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	40423.97	213719.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	83360.69	121338.81
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	18047.13	48651.07
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	141831.79	383709.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	141831.79	383709.33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	388301.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	388301.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	40423.97	213719.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	20186.39
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	40423.97	193533.06

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 59

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. AMS Communications, Inc.

Mailing Address 500 Sansome Street, Suite 404

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Mailables Non Federal Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2014

Transaction ID : EXPB429

Amount of Each Disbursement this Period

14315.00

Full Name (Last, First, Middle Initial)

B. AMS Communications, Inc.

Mailing Address 500 Sansome Street, Suite 404

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Offset for independent expenditure paid in prior period; disseminated in
current period

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2014

Transaction ID : EXPB413

Amount of Each Disbursement this Period

-5055.00

Full Name (Last, First, Middle Initial)

C. AMS Communications, Inc.

Mailing Address 500 Sansome Street, Suite 404

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Offset for independent expenditure paid in prior period; disseminated in
current period

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2014

Transaction ID : EXPB412

Amount of Each Disbursement this Period

-10110.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

-850.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. AMS Communications, Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	7			2	0	1	4		

Mailing Address 500 Sansome Street, Suite 404

City	State	Zip Code
San Francisco	CA	94111

Purpose of Disbursement
Mailing Non Federal Expense

004

Candidate Name

Category/
Type

Transaction ID : EXPB430

Amount of Each Disbursement this Period

14315.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Blueprint Interactive

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	5			2	0	1	4		

Mailing Address 1155 Connecticut Avenue, NW
Suite 601

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Offset for independent expenditure paid in prior period; disseminated in
current period

24A

Candidate Name

Category/
Type

Transaction ID : EXPB392

Amount of Each Disbursement this Period

-6000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Blueprint Interactive

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	5			2	0	1	4		

Mailing Address 1155 Connecticut Avenue, NW
Suite 601

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Offset for independent expenditure paid in prior period; disseminated in
current period

24A

Candidate Name

Category/
Type

Transaction ID : EXPB393

Amount of Each Disbursement this Period

-6000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2315.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @5 H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +9A-N5 HCB
.

Form/Schedule: SB21B
Transaction ID : EXPB392
Offset

Form/Schedule:
Transaction ID:

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Category/
Type

967.51

Category/
Type

17166.67

Category/
Type

830.60

18964.78

[illegible]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	1			2	0	1	4		

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB400Purpose of Disbursement
Staff Time Non Federal Expense

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

321.62

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	1			2	0	1	4		

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB397Purpose of Disbursement
Research Expenses Non Federal Expense

005

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

795.13

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	1			2	0	1	4		

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB401Purpose of Disbursement
Travel Expenses Non Federal Expense

002

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

641.31

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1758.06

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB433

Purpose of Disbursement	Category/ Type
Staff Time, Off. Expenses, Travel, Campaign Consulting for Field Program Non Federal Expense	
Candidate Name	

Amount of Each Disbursement this Period

3495.75

Office Sought:	House
	Senate
	President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

007

Category/
Type

Full Name (Last, First, Middle Initial)

B. Political Data, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		01		2014

Mailing Address P.O. Box 59570

City	State	Zip Code
Norwalk	CA	90652

Transaction ID : EXPB402

Purpose of Disbursement	Category/ Type
Data File for Phone Banking Non Federal Expense	

Amount of Each Disbursement this Period

4077.00

Candidate Name

Office Sought:	House
	Senate
	President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

005

Category/
Type

Full Name (Last, First, Middle Initial)

C. Political Data, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Mailing Address P.O. Box 59570

City	State	Zip Code
Norwalk	CA	90652

Transaction ID : EXPB432

Purpose of Disbursement	Category/ Type
Data File Non Federal Expense	

Amount of Each Disbursement this Period

8750.00

Candidate Name

Office Sought:	House
	Senate
	President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

005

Category/
Type

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

16322.75

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

1288.38

625.00

40423.97

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement	012 Category/ Type
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)	
Candidate Name	

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

Transaction ID : EXPB355

Amount of Each Disbursement this Period

415.32

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement	012 Category/ Type
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)	
Candidate Name	

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

Transaction ID : EXPB353

Amount of Each Disbursement this Period

320.64

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement	012 Category/ Type
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)	
Candidate Name	

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

Transaction ID : EXPB351

Amount of Each Disbursement this Period

397.63

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1133.59

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB349

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)	
Candidate Name	

Amount of Each Disbursement this Period

160.81

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB341

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)	
Candidate Name	

Amount of Each Disbursement this Period

8583.33

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB345

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)	
Candidate Name	

Amount of Each Disbursement this Period

397.63

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9141.77

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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 59

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City State Zip Code
 Sacramento CA 95814

Purpose of Disbursement
 Non Monetary Donation to Planned Parenthood Action Fund of the Pacific
 Southwest (ID #C00011412)
 Candidate Name

012

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 02 2014

Transaction ID : EXPB347

Amount of Each Disbursement this Period

320.64

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City State Zip Code
 Sacramento CA 95814

Purpose of Disbursement
 Non Monetary Donation to Planned Parenthood Action Fund of the Pacific
 Southwest (ID #C00011412)
 Candidate Name

012

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 02 2014

Transaction ID : EXPB343

Amount of Each Disbursement this Period

415.32

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City State Zip Code
 Sacramento CA 95814

Purpose of Disbursement
 Non Monetary Donation to Planned Parenthood Action Fund of the Pacific
 Southwest (ID #C00011412)
 Candidate Name

012

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 02 2014

Transaction ID : EXPB359

Amount of Each Disbursement this Period

160.81

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

896.77

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Political Data, Inc.

Mailing Address P.O. Box 59570

City	State	Zip Code
Norwalk	CA	90652

Purpose of Disbursement	012 Category/ Type
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C90011412)	
Candidate Name	

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : EXPB387

Amount of Each Disbursement this Period

2187.50

Full Name (Last, First, Middle Initial)

B. Political Data, Inc.

Mailing Address P.O. Box 59570

City	State	Zip Code
Norwalk	CA	90652

Purpose of Disbursement	012 Category/ Type
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID#C90007311)	
Candidate Name	

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : EXPB389

Amount of Each Disbursement this Period

2187.50

Full Name (Last, First, Middle Initial)

C. Political Data, Inc.

Mailing Address P.O. Box 59570

City	State	Zip Code
Norwalk	CA	90652

Purpose of Disbursement	012 Category/ Type
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C90011412)	
Candidate Name	

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : EXPB388

Amount of Each Disbursement this Period

2187.50

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6562.50

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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 59

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Wagaman Strategies

Mailing Address 886 Metal Lane

City State Zip Code
West Sacramento CA 95691

Purpose of Disbursement
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific
Southwest (ID #C00011412)
Candidate Name

012

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 02 2014

Transaction ID : EXPB335

Amount of Each Disbursement this Period

187.50

Full Name (Last, First, Middle Initial)

B. Wagaman Strategies

Mailing Address 886 Metal Lane

City State Zip Code
West Sacramento CA 95691

Purpose of Disbursement
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID
#C0007311)
Candidate Name

012

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 02 2014

Transaction ID : EXPB337

Amount of Each Disbursement this Period

62.50

Full Name (Last, First, Middle Initial)

C. Wagaman Strategies

Mailing Address 886 Metal Lane

City State Zip Code
West Sacramento CA 95691

Purpose of Disbursement
Non Monetary Donation to We Vote Nosotros Votamos (ID #C00527226)
Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 02 2014

Transaction ID : EXPB406

Amount of Each Disbursement this Period

62.50

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

312.50

18047.13

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 59

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AMS Communications, Inc.

Nature of Debt (Purpose):
Mailer

Mailing Address 500 Sansome Street, Suite 404

City State

Zip Code

San Francisco

CA

94111

Outstanding Balance Beginning This Period

15165.00

Transaction ID : PAYD282

Amount Incurred This Period

0.00

Payment This Period

15165.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lake Research Partners, Inc.

Nature of Debt (Purpose):
Polling; 9/1-9/30

Mailing Address 1726 M Street, NW, Suite 100

City State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

1533.75

Transaction ID : PAYD108

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1533.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lake Research Partners, Inc.

Nature of Debt (Purpose):
Polling; 9/1-9/30

Mailing Address 1726 M Street, NW, Suite 100

City

State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

1533.75

Transaction ID : PAYD122

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1533.75

1) SUBTOTALS This Period This Page (optional)..... ►

3067.50

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 19 OF 59

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lake Research Partners, Inc.

Nature of Debt (Purpose):

Polling; Costs to be reimbursed by Planned
Parenthood Action Fund Pacific Southwest

Mailing Address 1726 M Street, NW, Suite 100

City State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

6135.00

Transaction ID : PAYD257

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6135.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Research; 9/1 - 9/30

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

9396.20

Transaction ID : PAYD295

Amount Incurred This Period

0.00

Payment This Period

9396.20

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time and Travel for Research; 9/1-9/30

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

481.47

Transaction ID : PAYD110

Amount Incurred This Period

0.00

Payment This Period

481.47

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6135.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 20 OF 59

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Internet for Field Office; 9/1-9/30

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

62.68

Transaction ID : PAYD111

Amount Incurred This Period

0.00

Payment This Period

62.68

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time and Travel for Field Program; 9/1-9/30

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

3684.35

Transaction ID : PAYD115

Amount Incurred This Period

0.00

Payment This Period

1019.99

Outstanding Balance at Close of This Period

2664.36

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Field Expenses for Canvassing Activities; 9/1-9/30

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

899.57

Transaction ID : PAYD118

Amount Incurred This Period

0.00

Payment This Period

509.49

Outstanding Balance at Close of This Period

390.08

1) SUBTOTALS This Period This Page (optional)..... ►

3054.44

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 21 OF 59

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Research; 9/1 - 9/30

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

9396.20

Transaction ID : PAYD296

Amount Incurred This Period

0.00

Payment This Period

9396.20

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time and Travel for Research; 9/1-9/30

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

481.46

Transaction ID : PAYD123

Amount Incurred This Period

0.00

Payment This Period

481.46

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time and Travel for Field Program; 9/1-9/30

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

3684.34

Transaction ID : PAYD124

Amount Incurred This Period

0.00

Payment This Period

1019.98

Outstanding Balance at Close of This Period

2664.36

1) **SUBTOTALS** This Period This Page (optional)..... ►

2664.36

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 22 OF 59

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Field Expenses for Canvassing Activities; 9/1-9/30

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

899.57

Transaction ID : PAYD125

Amount Incurred This Period

0.00

Payment This Period

509.48

Outstanding Balance at Close of This Period

390.09

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Internet for Field Office; 9/1-9/30

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

62.69

Transaction ID : PAYD127

Amount Incurred This Period

0.00

Payment This Period

62.69

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Online Voter Guide

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

19.80

Transaction ID : PAYD262

Amount Incurred This Period

0.00

Payment This Period

19.80

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

390.09

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 23 OF 59

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Action Fund of the Pacific
Southwest (ID #C90011412)

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

9877.73

Transaction ID : PAYD339

Amount Incurred This Period

0.00

Payment This Period

1294.40

Outstanding Balance at Close of This Period

8583.33

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Action Fund of the Pacific
Southwest (ID #C90011412)

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

9877.73

Transaction ID : PAYD340

Amount Incurred This Period

0.00

Payment This Period

9877.73

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Action Fund of the Pacific
Southwest (ID #C90011412)

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

769.18

Transaction ID : PAYD460

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

769.18

1) SUBTOTALS This Period This Page (optional)..... ►

9352.51

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 24 OF 59

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Advocates Mar Monte (ID
#C90007311)

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

214.07

Transaction ID : PAYD461

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

214.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

355.40

Transaction ID : PAYD462

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

355.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Internet for Field Office; 10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD363

Amount Incurred This Period

62.68

Payment This Period

0.00

Outstanding Balance at Close of This Period

62.68

1) SUBTOTALS This Period This Page (optional)..... ►

632.15

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 25 OF 59

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Internet for Field Office; 10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD364

Amount Incurred This Period

62.69

Payment This Period

0.00

Outstanding Balance at Close of This Period

62.69

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Supplies for Field Office; 10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD365

Amount Incurred This Period

54.14

Payment This Period

0.00

Outstanding Balance at Close of This Period

54.14

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Supplies for Field Office; 10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD366

Amount Incurred This Period

54.14

Payment This Period

0.00

Outstanding Balance at Close of This Period

54.14

1) **SUBTOTALS** This Period This Page (optional)..... ►

170.97

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 26 OF 59

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time & Travel Expenses for Field Office;
10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD368

Amount Incurred This Period

1224.79

Payment This Period

0.00

Outstanding Balance at Close of This Period

1224.79

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Online Voter Guide; 10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD370

Amount Incurred This Period

9.90

Payment This Period

0.00

Outstanding Balance at Close of This Period

9.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Online Voter Guide; 10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD371

Amount Incurred This Period

9.90

Payment This Period

0.00

Outstanding Balance at Close of This Period

9.90

1) **SUBTOTALS** This Period This Page (optional)..... ►

1244.59

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 27 OF 59

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time & Travel Expenses; 10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD372

Amount Incurred This Period

1624.95

Payment This Period

0.00

Outstanding Balance at Close of This Period

1624.95

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time & Travel Expenses; 10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD373

Amount Incurred This Period

1624.95

Payment This Period

0.00

Outstanding Balance at Close of This Period

1624.95

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time for Field Office; 10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD374

Amount Incurred This Period

1224.80

Payment This Period

0.00

Outstanding Balance at Close of This Period

1224.80

1) **SUBTOTALS** This Period This Page (optional)..... ►

4474.70

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 28 OF 59

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Action Fund of the Pacific
Southwest (ID #C90011412)

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD518

Amount Incurred This Period

3.96

Payment This Period

0.00

Outstanding Balance at Close of This Period

3.96

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Advocates Mar Monte (ID
#C90007311)

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD519

Amount Incurred This Period

3.96

Payment This Period

0.00

Outstanding Balance at Close of This Period

3.96

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Advocates Mar Monte (ID
#C90007311)

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD555

Amount Incurred This Period

153.13

Payment This Period

0.00

Outstanding Balance at Close of This Period

153.13

1) **SUBTOTALS** This Period This Page (optional)..... ►

161.05

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 29 OF 59

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Action Fund of the Pacific
Southwest (ID #C90011412)

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD556

Amount Incurred This Period

645.12

Payment This Period

0.00

Outstanding Balance at Close of This Period

645.12

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time; 10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD557

Amount Incurred This Period

118.95

Payment This Period

0.00

Outstanding Balance at Close of This Period

118.95

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Campaign Consulting for Field Program; 9/1-
9/30

Mailing Address 886 Metal Lane

City

State

Zip Code

West Sacramento

CA

95691

Outstanding Balance Beginning This Period

46.88

Transaction ID : PAYD117

Amount Incurred This Period

0.00

Payment This Period

46.88

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

764.07

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 30 OF 59

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Campaign Consulting for Field Program; 9/1-9/30

Mailing Address 886 Metal Lane

City State

Zip Code

West Sacramento

CA

95691

Outstanding Balance Beginning This Period

46.87

Transaction ID : PAYD128

Amount Incurred This Period

0.00

Payment This Period

46.87

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Action Fund of the Pacific
Southwest (ID #C90011412)

Mailing Address 886 Metal Lane

City State

Zip Code

West Sacramento

CA

95691

Outstanding Balance Beginning This Period

187.50

Transaction ID : PAYD333

Amount Incurred This Period

0.00

Payment This Period

187.50

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Advocates Mar Monte (ID
#C90007311)

Mailing Address 886 Metal Lane

City State

Zip Code

West Sacramento

CA

95691

Outstanding Balance Beginning This Period

62.50

Transaction ID : PAYD334

Amount Incurred This Period

0.00

Payment This Period

62.50

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 31 OF 59

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Non Monetary Donation to We Vote Nosotros
Votamos (ID #C00527226)

Mailing Address 886 Metal Lane

City State

Zip Code

West Sacramento

CA

95691

Outstanding Balance Beginning This Period

62.50

Transaction ID : PAYD405

Amount Incurred This Period

0.00

Payment This Period

62.50

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Consulting for Field Program; 10/1 - 10/15

Mailing Address 886 Metal Lane

City State

Zip Code

West Sacramento

CA

95691

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD375

Amount Incurred This Period

62.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

62.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Consulting for Field Program; 10/1 - 10/15

Mailing Address 886 Metal Lane

City State

Zip Code

West Sacramento

CA

95691

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD376

Amount Incurred This Period

62.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

62.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

125.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 32 OF 59

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Advocates Mar Monte (ID
#C90007311)

Mailing Address 886 Metal Lane

City State

Zip Code

West Sacramento CA 95691

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD591

Amount Incurred This Period

156.25

Payment This Period

0.00

Outstanding Balance at Close of This Period

156.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Action Fund of the Pacific
Southwest (ID #C90011412)

Mailing Address 886 Metal Lane

City State

Zip Code

West Sacramento CA 95691

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD592

Amount Incurred This Period

250.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

James Wisley

Nature of Debt (Purpose):

Campaign Consulting; 9/1-9/30

Mailing Address 1570 Prospect Avenue

City

State

Zip Code

Hermosa Beach CA 90254

Outstanding Balance Beginning This Period

312.50

Transaction ID : PAYD116

Amount Incurred This Period

0.00

Payment This Period

312.50

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

406.25

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 33 OF 59

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

James Wisley

Nature of Debt (Purpose):

Campaign Consulting; 9/1-9/30

Mailing Address 1570 Prospect Avenue

City State

Hermosa Beach

Zip Code

CA

90254

Outstanding Balance Beginning This Period

312.50

Transaction ID : PAYD129

Amount Incurred This Period

0.00

Payment This Period

312.50

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

James Wisley

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Action Fund of the Pacific
Southwest (ID #C90011412)

Mailing Address 1570 Prospect Avenue

City State

Hermosa Beach

Zip Code

CA

90254

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD593

Amount Incurred This Period

250.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

250.00

2) TOTALS This Period (last page this line number only)..... ►

32892.68

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

32892.68

Full Name of Payee AMS Communications, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2014	
Mailing Address 500 Sansome Street, Suite 404		Amount 10110.00	
City San Francisco	State CA	Zip Code 94111	Transaction ID : EDTEALC11 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014
Purpose of Expenditure Mailer	Category/ Type 24E		
Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate	District: 26 State: CA
Calendar Year-To-Date Per Election for Office Sought	136148.92	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	15165.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Kathleen Cogan

Signature

[Electronically Filed]

Date

M M	/	D D	/	Y Y Y Y Y Y
12		02		2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 35 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>					
Full Name of Payee AMS Communications, Inc.			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">08</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2014</div> </div>		
Mailing Address 500 Sansome Street, Suite 404			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15165.00</div>		
City San Francisco		State CA	Zip Code 94111		Transaction ID : PDTE71
Purpose of Expenditure Mailer		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">30</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2014</div> </div>	
Name of Federal Candidate Julia Brownley			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">136148.92</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee AMS Communications, Inc.			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">14</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2014</div> </div>		
Mailing Address 500 Sansome Street, Suite 404			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7582.50</div>		
City San Francisco		State CA	Zip Code 94111		Transaction ID : PDTE42
Purpose of Expenditure Mailer		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">07</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2014</div> </div>	
Name of Federal Candidate Julia Brownley			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">136148.92</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">22747.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan
 Signature

[Electronically Filed]

Date

12

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02

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2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 36 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ C C00556860
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee AMS Communications, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2014
Mailing Address 500 Sansome Street, Suite 404		Amount 7582.50
City San Francisco	State CA	Zip Code 94111
Purpose of Expenditure Mailer	Category/Type 24A	Transaction ID : PDTE43 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Name of Federal Candidate Jeff Gorell		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 136148.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Blueprint Interactive		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 05 / 2014
Mailing Address 1155 Connecticut Avenue, NW Suite 601		Amount 6000.00
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Online Ads	Category/Type 24A	Transaction ID : EDTEALC6 Date of Disbursement or Obligation MM / DD / YYYY 10 / 05 / 2014
Name of Federal Candidate Jeff Gorell		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 136148.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13582.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

MM / DD / YYYY
12 / 02 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 37 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Blueprint Interactive			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 05 / 2014 </div>		
Mailing Address 1155 Connecticut Avenue, NW Suite 601			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6000.00 </div>		
City Washington State DC Zip Code 20036		Transaction ID : EDTEALC7 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 05 / 2014 </div>			
Purpose of Expenditure Online Ads		Category/Type 24E		Name of Federal Candidate Julia Brownley	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 136148.92 </div>		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee Planned Parenthood Affiliates of California			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2014 </div>		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9396.20 </div>		
City Sacramento State CA Zip Code 95814		Transaction ID : PDTE39 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2014 </div>			
Purpose of Expenditure Research; 9/1 - 9/30		Category/Type 24A		Name of Federal Candidate Jeff Gorell	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 136148.92 </div>		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 15396.20 </div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Kathleen Cogan</u>		[Electronically Filed]		Date MM / DD / YYYY 12 / 02 / 2014 	

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Form/Schedule: SE
Transaction ID : PDTE39

Payment for independent expenditure disseminated in prior period

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 39 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>					
Full Name of Payee Planned Parenthood Affiliates of California			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 481.47 </div>		
City Sacramento		State CA	Zip Code 95814		Transaction ID : PDTE14
Purpose of Expenditure Staff Time and Travel for Research; 9/1-9/30		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>	
Name of Federal Candidate Julia Brownley			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 136148.92 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Planned Parenthood Affiliates of California			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1019.99 </div>		
City Sacramento		State CA	Zip Code 95814		Transaction ID : PDTE15
Purpose of Expenditure Staff Time and Travel for Field Program; 9/1-9/30		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>	
Name of Federal Candidate Julia Brownley			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 136148.92 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1501.46 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan
 Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 02 / 2014

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Form/Schedule: SE
Transaction ID : PDTE14

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE15

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 41 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ C C00556860
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014
Mailing Address 555 Capitol Mall, Suite 510		Amount 62.68
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Internet for Field Office; 9/1-9/30	Category/ Type 24E	Transaction ID : PDTE17 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 136148.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014
Mailing Address 555 Capitol Mall, Suite 510		Amount 509.49
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Supplies for Field Office; 9/1-9/30	Category/ Type 24E	Transaction ID : PDTE20 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 136148.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	572.17
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

MM / DD / YYYY
12 / 02 / 2014

Signature

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Form/Schedule: SE
Transaction ID : PDTE17

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE20

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 43 OF 59
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ C C00556860
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014
Mailing Address 555 Capitol Mall, Suite 510		Amount 19.80
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Online Voter Guide; 9/1 - 9/30	Category/ Type 24E	Transaction ID : PDTE41 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Julia Brownley		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 136148.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014
Mailing Address 555 Capitol Mall, Suite 510		Amount 481.46
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Staff Time and Travel for Research; 9/1-9/30	Category/ Type 24A	Transaction ID : PDTE25 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Jeff Gorell		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 136148.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	501.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

MM / DD / YYYY
12 / 02 / 2014

Signature

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Form/Schedule: SE
Transaction ID : PDTE41

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE25

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 45 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>		

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2014</div> </div>	
Mailing Address 555 Capitol Mall, Suite 510		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1019.98</div>	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE26 Date of Disbursement or Obligation <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2014</div> </div>
Purpose of Expenditure Staff Time and Travel for Field Program; 9/1-9/30		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24A</div>	
Name of Federal Candidate Jeff Gorell		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA </div> </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">136148.92</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2014</div> </div>	
Mailing Address 555 Capitol Mall, Suite 510		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">509.48</div>	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE27 Date of Disbursement or Obligation <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2014</div> </div>
Purpose of Expenditure Supplies for Field Office; 9/1-9/30		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24A</div>	
Name of Federal Candidate Jeff Gorell		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA </div> </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">136148.92</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1529.46</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan
[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

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Form/Schedule: SE
Transaction ID : PDTE26

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE27

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 47 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>		

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>	
Mailing Address 555 Capitol Mall, Suite 510		Amount <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">62.69</div>	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE29 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>
Purpose of Expenditure Internet for Field Office; 9/1-9/30		Category/ Type <div style="border: 1px solid black; padding: 2px; float: right;">24A</div>	
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">136148.92</div>	
Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>	
Mailing Address 555 Capitol Mall, Suite 510		Amount <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">9396.20</div>	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE40 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>
Purpose of Expenditure Research; 9/1 - 9/30		Category/ Type <div style="border: 1px solid black; padding: 2px; float: right;">24E</div>	
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">136148.92</div>	
Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">9458.89</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; width: 150px; float: right;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 150px; float: right;"></div>

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Kathleen Cogan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2014

Signature

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Form/Schedule: SE
Transaction ID : PDTE29

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE40

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 49 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 54.14 </div>		
City Sacramento State CA Zip Code 95814		Transaction ID : PDTE44 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>			
Purpose of Expenditure Supplies for Field Office; 10/1 - 10/15		Category/Type <div style="border: 1px solid black; padding: 2px;">24E</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Name of Federal Candidate Julia Brownley			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 26 State: CA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 136148.92 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 54.14 </div>		
City Sacramento State CA Zip Code 95814		Transaction ID : PDTE45 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>			
Purpose of Expenditure Supplies for Field Office; 10/1 - 10/15		Category/Type <div style="border: 1px solid black; padding: 2px;">24A</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Name of Federal Candidate Jeff Gorell			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 26 State: CA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 136148.92 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Kathleen Cogan</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>		
[Electronically Filed]			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 50 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ C C00556860
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510		Amount 62.68	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE46
Purpose of Expenditure Internet for Field Office; 10/1 - 10/15		Category/ Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2014
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		136148.92	

Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510		Amount 62.69	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE47
Purpose of Expenditure Internet for Field Office; 10/1 - 10/15		Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2014
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		136148.92	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

MM / DD / YYYY
12 / 02 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 51 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 01 / 2014 </div>		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1624.95</div>		
City Sacramento State CA Zip Code 95814		Transaction ID : PDTE48 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 01 / 2014 </div>			
Purpose of Expenditure Staff Time & Travel Expenses; 10/1 - 10/15		Category/Type <div style="border: 1px solid black; padding: 2px;">24A</div>		Name of Federal Candidate Jeff Gorell	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">136148.92</div>		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 01 / 2014 </div>		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1624.95</div>		
City Sacramento State CA Zip Code 95814		Transaction ID : PDTE49 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 01 / 2014 </div>			
Purpose of Expenditure Staff Time & Travel Expenses; 10/1 - 10/15		Category/Type <div style="border: 1px solid black; padding: 2px;">24E</div>		Name of Federal Candidate Julia Brownley	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">136148.92</div>		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Kathleen Cogan</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 12 / 02 / 2014 </div>		

[Electronically Filed]

Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 01 / 2014</div> </div>	
Mailing Address 555 Capitol Mall, Suite 510		Amount <div> <div>1224.80</div> </div>	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE51 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 01 / 2014</div> </div>
Purpose of Expenditure Staff Time for Field Office; 10/1 - 10/15		Category/ Type <div> <div>24E</div> </div>	
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought <div> <div>136148.92</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 53 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					

Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9.90</div>		
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE52 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure Online Voter Guide; 10/1 - 10/15		Category/ Type 24A			
Name of Federal Candidate Jeff Gorell			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">136148.92</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9.90</div>		
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE53 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure Online Voter Guide; 10/1 - 10/15		Category/ Type 24E			
Name of Federal Candidate Julia Brownley			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">136148.92</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

Signature _____

[Electronically Filed]

Date

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 54 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div> </div>				
Full Name of Payee Political Data, Inc.			Date of Public Distribution/Dissemination <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">07</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2014</div> </div>	
Mailing Address P.O. Box 59570			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1093.75</div>	
City Norwalk		State CA	Zip Code 90652	
Purpose of Expenditure Data List for Mailer.		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>		Transaction ID : EDTEALC9 Date of Disbursement or Obligation <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">07</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2014</div> </div>
Name of Federal Candidate Julia Brownley			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA </div> </div>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">136148.92</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2014	

Full Name of Payee Political Data, Inc.			Date of Public Distribution/Dissemination <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">14</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2014</div> </div>	
Mailing Address P.O. Box 59570			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1093.75</div>	
City Norwalk		State CA	Zip Code 90652	
Purpose of Expenditure Data List for Mailer		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24A</div>		Transaction ID : EDTEALC8 Date of Disbursement or Obligation <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">07</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2014</div> </div>
Name of Federal Candidate Jeff Gorell			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA </div> </div>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">136148.92</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2014	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2187.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

Signature _____

[Electronically Filed]

Date

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2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 55 OF 59
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California			FEC IDENTIFICATION NUMBER ▼ C C00556860	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Wagaman Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 886 Metal Lane			Amount 46.88	
City West Sacramento		State CA	Zip Code 95691	
Purpose of Expenditure Campaign Consulting for Field Program; 9/1-9/30		Category/ Type 24E	Transaction ID : PDTE18 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		136148.92 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Wagaman Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 886 Metal Lane			Amount 46.87	
City West Sacramento		State CA	Zip Code 95691	
Purpose of Expenditure Campaign Consulting for Field Program; 9/1-9/30		Category/ Type 24A	Transaction ID : PDTE30 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		136148.92 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			93.75	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Kathleen Cogan</i>		[Electronically Filed] Date MM / DD / YYYY 12 / 02 / 2014		

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
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Form/Schedule: SE
Transaction ID : PDTE18

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE30

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 57 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Wagaman Strategies [MEMO ITEM]			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 01 / 2014 </div>		
Mailing Address 886 Metal Lane			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 62.50 </div>		
City State Zip Code West Sacramento CA 95691		Transaction ID : PDTE55 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 01 / 2014 </div>			
Purpose of Expenditure Consulting for Field Program; 10/1 - 10/15		Category/ Type 24A		Name of Federal Candidate Jeff Gorell <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		Calendar Year-To-Date Per Election for Office Sought 136148.92			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		Full Name of Payee Wagaman Strategies [MEMO ITEM]			
Mailing Address 886 Metal Lane		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 01 / 2014 </div>			
Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 62.50 </div>		Transaction ID : PDTE56 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 01 / 2014 </div>			
City State Zip Code West Sacramento CA 95691		Purpose of Expenditure Consulting for Field Program; 10/1 - 10/15			
Category/ Type 24E		Name of Federal Candidate Julia Brownley <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		Calendar Year-To-Date Per Election for Office Sought 136148.92			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Kathleen Cogan</i>			Date 12 / 02 / 2014		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 58 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name of Payee James Wisley		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2014 </div>	
Mailing Address 1570 Prospect Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 312.50 </div>	
City Hermosa Beach	State CA	Zip Code 90254	Transaction ID : PDTE19 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2014 </div>
Purpose of Expenditure Campaign Consulting; 9/1-9/30		Category/Type <div style="border: 1px solid black; padding: 2px;">24E</div>	
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 26 State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 136148.92 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee James Wisley		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2014 </div>	
Mailing Address 1570 Prospect Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 312.50 </div>	
City Hermosa Beach	State CA	Zip Code 90254	Transaction ID : PDTE31 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2014 </div>
Purpose of Expenditure Campaign Consulting; 9/1-9/30		Category/Type <div style="border: 1px solid black; padding: 2px;">24A</div>	
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 26 State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 136148.92 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">625.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">83360.69</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

MM / DD / YYYY
12 / 02 / 2014

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SE
Transaction ID : PDTE19

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE31

Payment for independent expenditure disseminated in prior period